

# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 06435	2. Fiscal Year Covered From:  1 / 1 / 2005 Through: 12 / 31 / 2005
3. Name and address of person filing.  Name Harry K Kreuser  P.O. Box, Bldg., Room No., if any  Street 11175 W Parkland Avenue  City Milwaukee  State Wisconsin ZIP Code + 4 53224	4. Name, file number, and address of labor organization.  Name Plumbers Local 75  Labor Organization File Number 009-300  P.O. Box, Building and Room Number, if any  Street 11175 W Parkland Avenue  City Milwaukee  State Wisconsin ZIP Code + 4 53224
5. Position in labor organization. Business Manager/Financial Secretar	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any).  Name  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.        7.b. Amount.

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Harry Kreuser</u>	On <u>03/16/2006</u> Date	<u>414-359-1310</u> Telephone Number

Name of Person Filing Harry Kreuser	File Number U- 06435
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name Building Trades United Pension Trust Fund</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 530</p> <p>Street 500 Elm Grove Road</p> <p>City Elm Grove</p> <p>State Wisconsin ZIP Code + 4 53122</p>	<p>9. Business deals with:</p> <p><input type="checkbox"/> a. Labor Organization</p> <p><input checked="" type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name Plumbers Local 75</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street 11175 W Parkland Avenue</p> <p>City Milwaukee</p> <p>State Wisconsin ZIP Code + 4 53224</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing. \$270</p> <p>12.a. Nature of interest held or income received.</p> <p>Lunches served at Pension Fund Executive Committee and Pension Fund Executive Board meetings during calendar year 2005.</p> <p>12.b. Amount.</p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p>	<p>14.a. Nature of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	<p>14.b. Amount of payment.</p>



## PLUMBERS LOCAL 75

11175 West Parkland Avenue  
Milwaukee, Wisconsin 53224-3135  
(414) 359-1310 FAX: 359-1323  
(888) 248-3392

March 16, 2006

The transactions, dealings and interests that are reported on the attached FORM LM-30 represent my good faith effort to reconstruct any reportable occurrences for calendar year 2005. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for calendar year 2005, I will file an amended FORM LM-30.

Harry Kreuser  
Signature

03-16-2006  
Date

HARRY Kreuser  
Printed Name

Business Manager / Financial Secretary  
Position

Business Manager  
Harry Kreuser

